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ABSTRACT

Some researchers are beginning to explore counselor training from a cognitive-behavioral perspective. It has been suggested that a counselor's covert self-talk directly influences subsequent behavior, and that more effective self-talk should result in more effective behavior. A study was conducted to measure global aspects of counselor cognition and to analyze self-talk statements. Counselors (N=40) were randomly assigned to counsel one of four female coached clients who presented actual personal growth concerns. Counselors completed a demographic questionnaire and participated in a 25-minute counseling session which was videotaped. Following the session, counselors completed an instrument measuring levels of task facilitative and task distractive self-talk. Counselors viewed five 2-minute segments of their taped sessions, completed a thought list exercise, and wrote a clinical hypothesis about the client. Coached clients completed counselor evaluation forms. Trained raters reviewed tapes, read hypotheses and thought-lists, and rated counselor effectiveness. The results revealed a positive relationship between raters' evaluations of high clinical hypothesis scores and high performance ratings. A similar relationship between hypothesis scores and performance levels was found for client satisfaction ratings. High performing counselors reported more self-instruction and fewer thoughts of negative self-talk than did low performing counselors.
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THE RELATIONSHIP OF COUNSELOR INTERNAL
DIALOGUE TO LEVEL OF BEHAVIORAL PERFORMANCE

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THE RELATIONSHIP OF COUNSELOR INTERNAL
DIALOGUE TO LEVEL OF BEHAVIORAL PERFORMANCE

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In recent years cognitive-behavioral psychology has stimulated considerable interest both for practitioners and researchers. The more traditional behavioral approach includes learning, conditioning, and effects of the environment while the cognitive aspects of the theory are more internal in nature and include information processing, imagery, conceptualizing, planning and decision-making. Current formulations of the term "cognitive-behavioral" emphasize the functional analysis of both covert and overt events; with a subsequent movement away from the content of behavior to its process. Of more recent interest is the interaction between humans and their environments, translated into behavior by internal processes, rather than a concern for the action of the environment solely upon the person, translated into behavior as a result of overt reinforces and consequences. The result of unification of cognition and behavior is the implication that any change in either action or feeling is brought about by cognitive mediation. How we think and the results of our thoughts (in either feeling or behavioral terms) has become as important as what we think (Bandura, 1977; Beck, 1976; Ellis, 1971, Meichenbaum & Cameron, 1981).

Application to Counselor Training

Traditional approaches to counselor training have also emphasized trainee acquisition of discrete behavioral skills with little or no

attention given to cognitive/conceptual skills. Such approaches have recently been critized, however, for producing trainees who can perform skills at a mechanical level, but who lack the conceptual foundations for effective performance in situations that call for spontaneous, unrehearsed interventions that are tailored to the needs of the particular client (Fuqua & Gade, 1982; Hosford, 1980; Richardson & Stone, 1981). In response to such criticism, some researchers are beginning to explore counselor training from a cognitive-behavioral perspective. This approach is based largely on the premise that covert self-talk directly influences subsequent behavior thus, more effective self-talk should result in more effective behavior. A premise that is, in fact, supported by the work of clinical researchers who have empirically linked changes in cognition to changes in behavior (e.g., Daly & Burton, 1983; Gormally, Varvil-Weld, Raphael & Sipps, 1981; Meichenbaum, 1977).

Though limited in number, some empirical studies have already explored the possibility of productively altering the self-talk of counselor trainees. Richardson and Stone (1981) successfully taught novice trainees a set of self-talk skills that led to higher levels of reflection, confrontation, and empathy. Benjamin (1982) and Kurpius, Benjamin and Morran (1985) both reported findings that indicate trainees can be taught to self-instruct in a manner that leads to higher levels of performance on the conceptual portion of selected counseling tasks. While valuable, these studies have not all utilized cognitive and practical ideas of how effective counselors think. In order for

progress to occur, it may be necessary to empirically establish the cognitive skills that are essential to high quality performance.

This study describes the findings, conclusions and implications for counselor internal dialogue (self-talk) dimensions as they relate to levels of behavioral performance. Phase one of the analysis was designed to measure more global aspects of counselor cognition (quality of hypothesis formulation, level of task facilitative and task distractive cognition) and explore their magnitude and direction of relationship to behavioral skill levels. Phase two was designed to analyze self-talk statements (a thought listing exercise was utilized) in order to identify and define major categories or dimensions of self-talk and their relationship to behavioral skill levels. The major objective of the study was to identify aspects of counselor cognitions that are associated with higher levels of performance (empathy, concreteness, challenging, etc.).

Method

Forty counselors from varying educational and experience levels were solicited to participate in the study. Each counselor was randomly assigned to counsel one of four female coached clients who presented actual personal growth concerns.

Counselors initially completed a demographic data form and an informed consent statement. Following this, the counselor and client were introduced and were video-taped during a 25 minute counseling session. Upon completion of the session, the counselor completed an instrument measuring levels of task facilitative and task distractive

self-talk and was shown five 2-minute segments of the taped session and completed a 90 second thought-listing exercise immediately following each segment. Each counselor was then given 10 minutes to write a clinical hypotheses concerning the client just interviewed. Each client was asked to complete a counselor evaluation form, rating the counselor on dimensions of understanding, warmth, genuineness, etc.

Following data collection, trained raters reviewed each of the 40 video-tapes and rated counselors for performance effectiveness. Trained raters also reviewed and scored the quality of each counselor's clinical hypothesis and the level of facilitativeness for each thought reported on the thought-listing exercise.

Results

Standard multiple regression techniques were utilized to access cognitive (task facilitative scores, task distractive scores, clinical hypothesis scores) and demographic (counselor sex, counselor education level, counselor years of experience) variables for their relationship to the counselor performance ratings (ratings by trained raters and by clients). Findings indicated a significant R of .78 for ratings by trained raters, $F(6, 33) = 8.72, p < .001$. Further analysis of individual production indicated that this effect was due primarily to the positive relationship between higher clinical hypothesis scores and higher performance ratings. A similar relationship between hypothesis scores and performance levels was found for client satisfaction ratings.

A second phase of the study utilized trained judges to categorize

self-reported counselor thoughts according to homogeneous groupings or dimensions. These categories are reported below.

<u>Category</u>	<u>No. of Thoughts</u>
1. Hypothesis/Inference about client	138
2. Question about client	111
3. Self-Instruction	108
4. Restatement of client message	94
5. Expression of feeling about client	46
6. Question counselor poses to self	43
7. Expression of self-doubt	38
8. Negative self-talk	37
9. Positive self-talk	30
10. Evaluation of therapeutic relationship	28
11. Self-monitoring/Self-observation	22
12. Comparison of client to self or others	21
13. Observation of client overt behavior	14
14. Externally focused thought	10
Unclassified Thoughts	<u>26</u>
Total Thoughts	766

Comparisons of high versus low performers (according to trained rater evaluations) within thought categories were made to determine if any given thought category was more representative of one group than the other. Chi-square analysis was utilized to compare 18 high performing counselors with 20 low performing counselors (a natural dividing point in the data) for each category. Findings revealed differences

in only two thought categories. High performing counselors reported more Self-Instruction and fewer Negative Self-Talk ($p < .05$) thoughts than did low performing counselors.

Discussion

The formulation of high quality hypotheses requires that the counselor complete a number of related tasks, including attending to client messages, organizing data into meaningful categories, making judgements about which data are relevant versus extraneous, and then integrating data into a comprehensive understanding of the clients' concern (Holloway & Wolleat, 1980). Counselors in the present study who more successfully accomplished these tasks also tended to demonstrate higher levels of facilitative skill. Counselors who accomplished these cognitive tasks less successfully tended to demonstrate comparatively lower skill levels. It is likely that these counselors were unable to systematically identify and/or integrate key aspects of the clients' concern and thus, utilized therapeutic time less productively.

Although the statistical methods used in this study do not lend themselves to causal interpretation, the findings are indicative of the need for future research to determine if causal links do exist between hypothesis quality and performance quality. Particularly useful would be studies to improve trainee hypothesis generation skills and to measure subsequent changes in level of performance. The establishment of such a causal relationship could have important implications concerning the emphasis placed on this cognitive skill

area in counselor training.

The categorization of counselor thoughts revealed a number of dimensions to the cognitive processes involved in therapy. Of these 14 dimensions, however, only Self-Instruction and Negative Self-Talk were associated with quality of counselor performance. It is not surprising that more self-instruction and fewer negative self-talk statements would be associated with higher facilitative levels. Self-instruction tends to be goal directed and either directly or indirectly focused upon the client and the client's needs. Such thoughts tend to represent a more forward-moving and action-oriented approach that can greatly enhance the clients' attempts at self-exploration and change. Negative self-talk, on the other hand, tends to be very counselor self-centered and may both direct energy away from the client and undermine the confidence of the counselor so that he or she responds in ways that keep the client on "safe ground."

In addition to analyzing thought frequencies, this study also investigated measures of thought quality. While no significant findings emerged from this analysis, future research on counselor thought quality may be essential to eventual understanding of how counselor cognitions can be productively modified within training programs. Before significant progress can be realized in this area, however, improved methods of judging thought quality must be developed.

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